NEAR MISS Reporting Form

Other Witnesses Names: Contact Numbers: Friefly describe what happened including the sequence of events. The Risk Manager and Safety Committee will investigate cene of incident or near miss; conditions present at time of incident; what was involved, what activity (if any) was taking alace prior and at time of incident. What hazards was the worker exposed to? What hazards may have contributed to the ncident occurring? (Attach photos if available)				Ti	me of Incide	nt:	
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